

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Shizuo AKIRA

Appln. No. 10/517,663

Confirmation No. 1905

Filed: December 13, 2004

For: MODEL ANIMALS NON-RESPONSIVE  
TO MYCOBACTERIA-ORIGIN  
LIPOPROTEIN/LIPOPEPTIDE



Art Unit : To Be Assigned

Examiner: To Be Assigned

Atty. Docket No. 31671-211618

Customer No.

26694

PATENT TRADEMARK OFFICE

**RESPONSE TO NOTIFICATION OF MISSING REQUIREMENTS**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**Attention: MAIL STOP - MISSING REQUIREMENTS**

Sir:

In response to the Notification of Missing Requirements Under 35 U.S.C. 371 in the United States Designated/Elected Office (DO/EO/US), dated August 4, 2005, submitted herewith are the following:

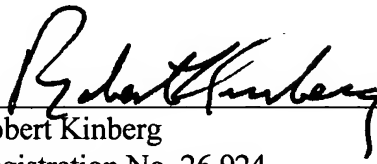
1. Transmittal Form;
2. Fee Transmittal;
3. Japanese-Language Declaration and Power of Attorney (3 pages);
4. Assignment and Recordation Form (2 pages total);
5. A Copy of the Notification of Missing Requirements dated August 4, 2005;
6. \$130 Surcharge for Late Filing of Declaration; and
7. \$40.00 Recordation Fee for Recordation of the Assignment.

Applicant: Shizuo AKIRA  
Appln. No. 10/517,663

Please charge the fee, totaling \$170.00, and any other required fee, or credit any overpayment,  
to our Deposit Account No. 22-0261.

Respectfully submitted,

Date: 8/31/05

  
Robert Kinberg  
Registration No. 26,924  
VENABLE LLP  
P.O. Box 34385  
Washington, D.C. 20043-9998  
Telephone: (202) 344-4000  
Telefax : (202) 344-8300

RK/SJB  
#675245

Please type a plus sign (+) inside this box → ☒

PTO/SB/21 (08-00)

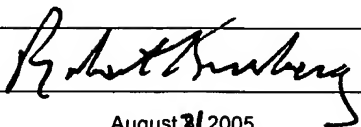
Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/517,663
	Filing Date	December 13, 2004
	First Named Inventor	Shizuo AKIRA
	Group Art Unit	To Be Assigned
	Examiner Name	To Be Assigned
Total Number of Pages in This Submission	Attorney Docket Number	31671-211618

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Preliminary Amendment  <input type="checkbox"/> After Final  <input checked="" type="checkbox"/> Japanese-Language Declaration & Power of Attorney (3 pp)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement; Form PTO/SB/08A  <input type="checkbox"/> Claim for Priority; Certified Copy of Priority Document  <input checked="" type="checkbox"/> Response to Notification of Missing Requirements  <input checked="" type="checkbox"/> Copy of Response to Notification of Missing Requirements	<input checked="" type="checkbox"/> Assignment & Recordation Sheet  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Robert Kinberg Reg. No. 26,924	26694 ATTENT TRADEMARK OFFICE
Signature		
Date	August 31, 2005	

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450b on this date: _____			
Typed or printed name	_____		
Signature	_____	Date	_____

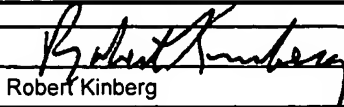
**VENABLE**  
ATTORNEYS AT LAW

SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, 22313-1450.  
#675251

<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2005</h3>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/517,663
		Filing Date	December 13, 2004
		First Named Inventor	Shizuo AKIRA
		Examiner Name	To Be Assigned
		Art Unit	To Be Assigned
TOTAL AMOUNT OF PAYMENT		(\$)	\$170.00
		Attorney Docket No.	31671-211618

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify) _____	
<input checked="" type="checkbox"/> <b>Deposit Accn't</b> Deposit Account Number: <u>22-0261</u> Deposit Account Name: <u>Venable LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>							<b>Small Entity Fee (\$)</b>
Each claim over 20 (including Reissues)							
Each independent claim over 3 (including Reissues)							
Multiple dependent claims							
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>			
- 20 =		x	=	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				
- 3 =		x	=				
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
- 100 =		/50	(round up to a whole number) x	=			
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity)						<b>Fees Paid (\$)</b>	
Other (e.g., late filing surcharge):							
Surcharge - Late Filing						\$ 130.00	
Assignment Recordation Fee						\$ 40.00	
09/06/2005 MKAYPACH 00000149 220261 10517663							
01 FC:1617						130.00 DA	

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	26,924
Name (Print/Type)	Robert Kinberg	Telephone	(202) 344-4000
		Date	8/31/05